

**REMARKS OF  
THE HONORABLE ROBERT M. McDOWELL  
COMMISSIONER  
FEDERAL COMMUNICATIONS COMMISSION  
BEFORE THE  
FIRST ANNUAL  
MID-ATLANTIC TELEHEALTH RESOURCE CENTER SUMMIT  
IN CONJUNCTION WITH  
THE VIRGINIA TELEHEALTH NETWORK  
UNIVERSITY OF VIRGINIA  
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[AS PREPARED FOR DELIVERY]

Thank you, Dr. Rheuban, for your kind introduction, and thank you for inviting me to join you during the first summit of the Mid-Atlantic Telehealth Resource Center. I am particularly pleased to be speaking at this location because my beautiful bride of nearly 16 years, Jennifer, is an alumna of UVA's Darden School of Business.

As many of you know, the FCC's rural health care program is one of four Universal Service Fund (USF) programs that the Commission implements, as directed by Congress. While the rural health care program is the smallest of the USF programs, its size certainly does not diminish its value. As each of you has witnessed first-hand, the program is vitally important to those in rural America who are lucky enough to have access to participating networks.

I vividly recall travelling to Alaska during my first year as an FCC commissioner. I flew to extremely remote parts of the Alaskan frontier to learn more about the health and communications challenges facing Alaska Native villagers and the telecommunications carriers that endeavor to serve them. The most memorable portions of the trip were the health clinics. There I could see how medical images from the most remote corners of Alaska were transmitted to specialists in Anchorage. I learned how using telehealth technology can actually save money because, in many instances, having that technology close at hand means the patient can avoid flying hundreds of miles to a hospital.

Additionally, air travel or a long car ride can sometimes be needlessly time-consuming or painful in many circumstances, such as with a child with an ear infection. Instead, such a patient can now have his or her ear viewed through an otoscope at a village clinic and have the images sent to a doctor anywhere in the world, if needed. Often, with a speedy diagnosis and direction from afar, proper care can then be administered on site.

In other scenarios, time may be of the essence, thus eliminating travel as a means to obtain diagnosis and treatment. For example, if a pregnant woman in a remote village is in labor, telemedicine can assist in the delivery of the baby.

In all of these examples, health care providers are able to use technology to get answers quickly so patients can proceed with appropriate courses of treatment more efficiently. Telehealth technologies literally improve and save people's lives all over America every day.

As many of you are aware, the rural health care pilot program was created by the Commission in 2007 as part of the universal service rural health care program, and I was proud to support this initiative. The pilot was designed to provide universal service support for cutting-edge infrastructure in order to meet health care needs throughout rural America. The program was by definition a pilot - an experiment - and thus far has provided the FCC with an opportunity to learn what works best and what does not. In fact, relevant to the next panel discussion, it is my understanding that the pilot program helped fund a telestroke program administered by the University of Virginia.

Meanwhile, in July of 2010, the FCC sought public comment on a number of reform proposals regarding the rural health care initiative. The Commission has not only garnered valuable information from those who commented but also has learned a tremendous amount from participants in the pilot program. All of this information will be incredibly valuable as the Commission moves to the next step in the reform process.

Even though the FCC's rural health care program is the smallest USF program, its effects have been impressive. The program has enabled the health care community to improve and expand the health care offered to patients in extremely remote parts of our country. We have also learned that one of the most valuable benefits stemming from our efforts is the ability of health care providers to work together to create statewide and regional networks that can spark a virtuous cycle of investment, expansion and opportunity. By spurring broadband deployment to remote areas, rural health care centers are well-positioned to serve as hubs for new economic growth, job development, educational environments and much more. Such partnerships will promote efficiencies in the system and ensure that taxpayers' funds are being used wisely.

With all of this in mind, I understand that some of you have been anxiously waiting for the FCC to move forward on finalizing our efforts to reform the rural health care program. So have I. Coincidentally, tomorrow marks the second anniversary of the FCC's National Broadband Plan. As part of the implementation of that plan, the Commission has already reformed some of the other USF programs on a piecemeal basis. As I have said for quite some time, in a perfect world, I would have liked to have seen comprehensive reform of all the USF spending programs completed at the same time as well as reform of the contribution or the "taxing" side of the ledger. Consistent with my long-standing advocacy for truly comprehensive reform, I will continue to press the Commission to complete all of its reform efforts, including reform of the rural health care program, as quickly as possible.

Thank you for inviting me to speak at your first annual summit. And, thank you for your commitment to using technology that helps provide quality health care to those who live in parts of our country that are the most difficult to reach.

I look forward to continue working with you, especially as the FCC works toward reform of the USF rural health care program. And a special thanks to all of those associated with Mr. Jefferson's "Academical Village" for demonstrating such visionary leadership in the telehealth arena.